

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34497

STATE FILE NUMBER

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 177

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Marshall	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fitzgibbon Hospital 1 week		d. STREET ADDRESS (If outside, give location) 109 South Miami	
3. NAME OF DECEASED (Type or print) First George Middle Henry Last Hayob		4. DATE OF DEATH Month Sept. Day 27 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 5, 1880
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Proprietor		9b. AGE (In years last birthday) 77	
10a. KIND OF BUSINESS OR INDUSTRY Theater		11. BIRTHPLACE (City and state or country) Four Corners, Indiana	
13a. FATHER'S NAME Henry Hayob		13b. MOTHER'S MAIDEN NAME Elizabeth Haag	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 495-36-7418	
17. INFORMANT Mrs. Mary Hayob		Address Marshall, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis - Coronary Deficiency DUE TO (b) Diabetes DUE TO (c) Diabetes PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). 260x		INTERVAL BETWEEN ONSET AND DEATH 260x	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> -Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Death occurred at Fitzgibbon Hosp on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from Sept 27 and last saw him alive on Sept 27, 1957	
22a. SIGNATURE John R. Lawrence		22b. ADDRESS Marshall, Mo	
22c. DATE SIGNED 9-28-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Sept. 30, 1957	
23c. NAME OF CEMETERY OR CREMATORY Ridge Park Cemetery		23d. LOCATION (City, town, or county) (State) Marshall, Missouri	
24. FUNERAL DIRECTOR Campbell-Lewis		25. DATE RECD. BY LOCAL REG. 9-28-'57	
26. REGISTRAR'S SIGNATURE Carl E. Read			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

AUG 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~or by~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed James H. Lewis

Licensed Embalmer No. 4709

P. O. Address Marshall, N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.